

**Provider Type 39 Adult Day Health Center  
Reimbursement Schedule**

**Date of last rate review: 11/2016**

**A rate review may or may not result in a change to the reimbursement rate.**

The data contained in the schedule is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information provided herein. For example, coverage as well as an actual rate may have been revised or updated and may no longer be the same as posted on the website.

**Note:**

Procedure codes with a rate of \$0.00 are reimbursed at 62% of Usual and Customary charges unless noted otherwise in Nevada Medicaid policy.

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Proc	Mod	Description	Rate	Rate Begin
S5100		Adult daycare services 15min	2.27	7/1/2004
S5102		Adult day care per diem	54.48	10/1/2011

